



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)  
Indiana Election Commission (IC 3-9-5-14)

(CFA-4)  
Summary Sheet

FILE NUMBER

491164

TOTAL PAGES IN ENTIRE CFA-4 REPORT

5

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

## COMMITTEE INFORMATION

1. Full Name of Committee (as on Statement of Organization) ☐ Check if this is a new name

CLARK ROGERS FOR JUDGE COMMITTEE

2. Acronym or Abbreviated Name (if any)

3. Committee Telephone Number

(317) 251-4914

4. Mailing Address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

5685 N. DELAWARE ST.

5. City, State, ZIP Code

INDIANAPOLIS, IN 46220

6. Party Affiliation (if applicable)

REPUBLICAN

## CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full Name of Candidate (include any nickname)

CLARK HOWARD ROGERS

8. Party Affiliation or If Independent Candidate

REPUBLICAN

9. Office Sought (Include district number, if any. Not required for exploratory committee.)

MARION SUPERIOR COURT JUDGE

10. County of Residence

MARION

## TYPE OF REPORT

11. Check one:

☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Nomination ☐ Other  
☐ Final/Disbands Committee (lines 18, 19, and 20 must be "0") ☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

## CONVENTION CANDIDATES ONLY

Check one:

☐ Pre-Convention  
☐ Post-Convention

12. Reporting Period:

From: 11/15 Through: 12/31/15

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

8.59

14. Cash on hand and investments January 1, current year.

8.59

## CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

650.00

650.00

15b. Unitemized

-

-

15c. Add lines 15a and 15b in both columns

SUBTOTAL

650.00

650.00

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

658.59

658.59

## EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

650.00

650.00

17b. Unitemized

-

-

17c. Add lines 17a and 17b in both columns

SUBTOTAL

650.00

650.00

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)

TOTAL

8.59

8.59

19. Debts OWED BY the committee (use Schedule D)

8,200.00

20. Debts OWED TO the committee (use Schedule E)

-

## CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer

Nicole Ball

Title

Treasurer

Date

1/13/16

Signature of Candidate (if applicable)

Clark Rogers

Date

1/13/16

FOR OFFICE USE ONLY

Myla A. Eldridge

JAN 14 2016

FILED

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) <u>JUDGE</u>	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIKIWAY DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>WIKIWAY TRUMP.</u>	100 <sup>00</sup>	100 <sup>00</sup>	1/17/15  NKK BALL
2. CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIKIWAY DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>WIKIWAY TRUMP.</u>	100 <sup>00</sup>	200 <sup>00</sup>	1/21/15  NKK BALL
3. CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIKIWAY DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>WIKIWAY TRUMP.</u>	100 <sup>00</sup>	300 <sup>00</sup>	2/6/15  NKK BALL
4. CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIKIWAY DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>PERRY TRUMP.</u>	100 <sup>00</sup>	400 <sup>00</sup>	2/12/15  NKK BALL
5. CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>WIKIWAY DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>WIKIWAY TRUMP.</u>	100 <sup>00</sup>	500 <sup>00</sup>	2/19/15  NKK BALL
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$		



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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. CLARK ROGERS 6657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>UNKNOWN DAY CONTRIBUTION</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>PIKE TUNNEL.</u>	100 <sup>00</sup>	600 <sup>00</sup>	3/10/15  NKK BALL
2. CLARK ROGERS 6657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind (describe) <u>GOP CLUB GOLF ATING</u>  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify) <u>WAKE TUNNEL.</u>	50 <sup>00</sup>	650 <sup>00</sup>	9/22/15  NKK BALL
3.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.   Contributor's Occupation (if required) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe)  Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 150 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 650 <sup>00</sup>		



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)

Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____ WAYNE TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	1/17/15
Code _____ WARREN TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	1/21/15
Code _____ LAURENCE TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	2/6/15
Code _____ PERRY TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	2/12/15
Code _____ WASHINGTON TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	2/11/15
Code _____ PIKE TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>LINEAR</u> Purpose: <u>DAY DINNER</u>	100 <sup>00</sup>	100 <sup>00</sup>	3/10/15
Code _____ WAYNE TOWNSHIP REPUBLICAN CLUB	POLITICAL ORGANIZATION	<input type="checkbox"/> Direct <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input checked="" type="checkbox"/> Other <u>GOLF</u> Purpose: <u>OTHER HOLE SPONSOR</u>	50 <sup>00</sup>	150 <sup>00</sup>	9/22/15
SUBTOTAL THIS PAGE OF SCHEDULE B			\$ 650 <sup>00</sup>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)			\$ 650 <sup>00</sup>		



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## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT  NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
JUNE ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  LENDER'S OCCUPATION: SALES ADMIN	—	4,000 <sup>00</sup>  LOAN	1/12/12 + 9/13/12	—	4,000 <sup>00</sup>
CLARK ROGERS 5657 N. DELAWARE ST. INDIANAPOLIS, IN 46220  LENDER'S OCCUPATION: JUDGE	—	4,200 <sup>00</sup>  LOAN	1/30/13 + 3/19/13 + 4/7/13	—	4,200 <sup>00</sup>
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$8,200 <sup>00</sup>
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)					\$8,200 <sup>00</sup>